

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

9/411075

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5		1				
6		3				
7		3				
8	1					
9	1					
10		4				
11		4				
12		1				
13	1					
14		1				
15	1					
16		4				
17		1				
18		1				
19		1				
20		1				
21	1					
22	1					
23	1					
24	1					
25		1				
26		2				
27		2				
28	1					
29		1				
30		1				
31		2				
32	1					
33		1				
34	1					
35		1				
36		1				
37		1				
38	1					
39		1				
40	1					
41		1				
42	1					
43	1					
44		1				
45		1				
46		4				
47		4				
48		1				
49						
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52	1					
53						
54						
55						
56						
57						
58						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	22					
TOTAL DEP.	46					
TOTAL CLAIMS	68					